CPFR-2 Rev 8/06



CONSUMER STATEMENT

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
165 Capitol Avenue Hartford CT 06106
E-Mail: trade.practices@ct.gov
Fax No. (860) 713-7239

Complete this form. Type or print CLEARLY.
 Return form to Agency at address shown above.

For Official Use Only		

YOUR NAME	HOME PHONE (Include Area Code)	BUSINESS PHONE (Include Area Code)	ARE YOU 65 OR OLDER? ☐ YES ☐ NO	
STREET ADDRESS	CITY	STATE ZIP CODE	E-MAIL	
PARTY/COMPANY COMPLAINED AGAINST	PERSON DEALT WITH / TELEPHONE NUMBER (Include Area Code)		POSITION	
STREET ADDRESS	CITY	STATE ZIP CODE	E-MAIL	
INFORMATION: WAS A CONTRACT INVOLVED ☐ YES ☐ NO	IF "YES", ENTER DATE	TYPE OF CONTRACT: ☐ORAL ☐WRITTEN	PRODUCT OR SERVICE INVOLVED	
DATE PURCHASED	COST \$	HOW PAID (CIRCLE ONE) CASH CREDIT CARD INSTALLMENT CONTRACT LAW-AWAY		
WAS THE PRODUCT OR SERVICE ADVERTISED YES NO	HOW?	DATE & PLACE OF AD (PLEASE ATTACH COPY IF POSSIBLE)		
HAVE YOU CONTACTED THE COMPANY REGARD YOUR COMPLAINT? YES NO	DING IF "YES" ENTER DATE	PERSON CONTACTED	POSITION	
HAVE YOU HIRED AN ATTORNEY YES NO	YES", NAME	IS COURT ACTION PENDING? ☐ YES ☐ NO	IF "YES", IN WHAT COURT?	

NOTE: For Home Improvement and New Home Contractor complaints, we request a copy of your contract and copies of the back and front of the cancelled checks. Otherwise, **DO NOT** send any other paperwork or documentation with your complaint at this time. If further documentation is needed you will be notified. We will not be able to return or forward any material sent to this department. Please provide a **detailed** statement regarding the facts of your complaint below. We encourage consumers to try and resolve their issues with the company involved. More information can be obtained from our website: www.ct.gov/dcp. You may also find information on the Small Claims Court and Superior Court process at www.jud.state.ct.us.

SIGNATURE	DATE